

PLANNING AND DEVELOPMENT DEPARTMENT

City of Arcade

PO Box 417, 3325 Athens Highway
Jefferson, GA 30549

Telephone: 706-367-5500
Fax: 706-367-5751

SIGN PERMIT APPLICATION

[Please complete all sections. Provide all required information and attachments.
Incomplete applications will not be processed.]

Applicant Information:

Name of Business or Person: _____
Mailing Address: _____
City/State/ZIP: _____
Telephone: (____) _____ - _____ Ext. ____ Facsimile: (____) _____ - _____
E-mail address: _____
Contact Person: _____
Contact Number (if different from above) (____) _____ - _____

Are you the property owner? ____ Yes ____ No ____ Shared ownership

NOTE: If you are not the property owner, you must submit evidence of approval by the property owner to erect the sign proposed.

Owner Certification:

I hereby certify with the signature below that I am the owner of the property on which the sign applied for will be placed, or if I am not the property owner, I have secured permission from the property owner (submit evidence of approval).

Print Name Here

Sign Your Name Here

Property Owner Information: (complete only if different from the applicant)

☐ Check here if this information is the same as the applicant

Name of Property Owner: _____
Mailing Address: _____
City/State/ZIP: _____
Telephone: (____) _____ - _____ Ext. ____ Facsimile: (____) _____ - _____

Sign Contractor:

Name of Business and Contact Person: _____
Mailing Address: _____
City/State/ZIP: _____
Telephone: (____) _____ - _____ Ext. ____ Facsimile: (____) _____ - _____
Sign Contractor's Business License Number: _____

Sign Permit Application

Sign Location Information:

Tax Map and Parcel Number: _____

Road Frontage (name of street or highway) _____

Road Characteristics: ☐ Local Road ☐ State Route (2-3 lanes) ☐ (4 lane + or divided)

Name of Business: _____

Address and Suite # if applicable: _____

City/State/ZIP: _____

Nearest Cross Street: _____

Existing Zoning of Property (consult staff if you need assistance): _____

Existing Use of Property (check one): _____

☐ Non-residential, one use only on the lot ☐ Residential, single-family

☐ Non-residential, more than one use on site or more than one tenant in building ☐ Agricultural

☐ Residential, multiple-family ☐ Vacant/undeveloped

Existing Signage Information:

Describe the existing sign(s) now located on the property. Note: in lieu of a written description you may attach photographs of such signs. Your information is subject to verification in the field:

Type of Sign Applied For: Note: If unsure of the sign type, please ask City of Arcade staff.

Check the Type of Sign:

☐ Ground sign ☐ Temporary sign (sale, rent, under construction) ☐ Special Event

☐ Wall sign ☐ Temporary sign (other) ☐ Other _____

Sign Characteristics:

Will the sign be illuminated (lighted)? ☐ Yes ☐ No

Note: Lighted signs require a separate electrical permit.

Height in feet (ground signs only): _____ Feet

Dimension of Sign (area): _____ by _____ feet or inches (circle which one)

Size of the sign in square feet (measure one face): _____ Square Feet

Estimated Cost of Construction: _____ (Dollars)

Sign Permit Application

Checklist of Required Application Materials:

Have you included:

- ☐ A drawing of the sign or other information which shows the height of the sign, the area of the face of the sign, the color scheme of the sign, and the structural supports of the sign, all drawn to an engineering or architectural scale.
- ☐ A boundary survey or tax plat of the property on which the sign will be located which shows where thereon the sign will be located and, in the case of ground signs, the distance from the property lines and the street right-of-way and street pavement.
- ☐ Consent of the owner, or his agent, granting permission for the placement or maintenance of the subject sign, which may include a copy of the lease or other document from the owner of the sign which authorized the erection thereof.
- ☐ Payment of the sign permit fee.

Certification and Indemnity

THE APPLICANT SHALL BE RESPONSIBLE FROM THE DATE OF THIS PERMIT, OR FROM THE TIME OF THE BEGINNING OF THE FIRST WORK, WHICHEVER SHALL BE THE EARLIER, FOR ALL INJURY OR DAMAGE OF ANY KIND RESULTING FROM THIS WORK, WHETHER FOR THE BASIC SERVICES OR ADDITIONAL SERVICES TO PERSONS OR PROPERTY, THE APPLICANT SHALL EXONERATE, INDEMNIFY AND SAVE HARMLESS THE CITY OF ARCADE, ARCADE PLANNING COMMISSION AND CITY EMPLOYEES FROM AND AGAINST ALL CLAIMS OR ACTIONS, AND ALL EXPENSES INCIDENTAL TO THE DEFENSE OF ANY SUCH CLAIMS, LITIGATION, AND ACTIONS, BASED UPON OR ARISING OUT OF DAMAGE OR INJURY (INCLUDING DEATH) TO PERSONS OR PROPERTY CAUSED BY OR SUSTAINED IN CONNECTION WITH THE PERFORMANCE OF THIS PERMIT OR BY CONDITIONS CREATED THEREBY OR ARISING OUT OF OR IN ANY WAY CONNECTED WITH WORK PERFORMED UNDER THE PERMIT WITH THE ACQUISITION OF AND CONSTRUCTION UNDER THE PERMIT AND SHALL ASSUME AND PAY FOR, WITHOUT COST TO THE CITY OF ARCADE, THE ARCADE PLANNING COMMISSION AND CITY EMPLOYEES, THE DEFENSE OF ANY AND ALL CLAIM, LITIGATIONS, AND ACTIONS, SUFFERED THROUGH ANY ACT OR OMISSION OF THE APPLICANT OR ANY SUBCONTRACTOR, OR ANYONE DIRECTLY OR INDIRECTLY EMPLOYED UNDER THE SUPERVISION OF ANY OF THEM.

I HEREBY CERTIFY THAT I HAVE EXAMINED AND UNDERSTAND ALL INFORMATION ON THIS APPLICATION AND THAT THE ABOVE STATEMENTS AND INFORMATION SUPPLIED BY ME ARE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING WORK TO BE PERFORMED SHALL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

PLEASE PRINT NAME APPLICANT'S SIGNATURE CONTACT NUMBER

DO NOT COMPLETE THE FOLLOWING---OFFICE USE ONLY

PLANNING DEPARTMENT

Map Number(s) _____ Zoning _____ Zoning Conditions Concerning Signs _____
Application APPROVED / DENIED by _____ Date: _____
Application fee in the amount of _____ cash/check# _____ received by _____
Date: _____

BUILDING APPROVAL

Permit APPROVED / DENIED by _____
Date: _____
Building Permit Remarks _____
Number _____ Date Issued _____
Signature _____